		FOR OHF USE					

LL1

2004
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2004)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0046524

Facility Name: GOVERNOR'S PARK OF BARRINGTON

Address: 1420 SOUTH BARRINGTON ROAD (Number) BARRINGTON (City) 60010 (Zip Code)

County: COOK

Telephone Number: (847) 382-6664 **Fax #** (847) 382-6395

IDPA ID Number: 77-06106669

Date of Initial License for Current Owners:

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code		X	Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: STEVEN M. KROLL **Telephone Number:** (773) 286-3883

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/04 to 12/31/04 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) _____ (Date)
(Type or Print Name) STEVEN M. KROLL
(Title) CFO

Paid Preparer

(Signed) _____ (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	150	Skilled (SNF)	150	54,900	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	150	TOTALS	150	54,900	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	15,100	11,782	11,601	38,483	8
9	SNF/PED					9
10	ICF	2,516	1,025	58	3,599	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	17,616	12,807	11,659	42,082	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 76.65%

D. How many bed-hold days during this year were paid by Public Aid?
0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
n/a

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [ ] NO [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 12/1/03

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 75 and days of care provided 10,937

Medicare Intermediary ADMINISTAR FEDERAL

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/04 Fiscal Year: 12/31/04

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	350,743	30,557	7,800	389,100	1,321	390,421		390,421			1
2	Food Purchase		270,775		270,775	(28,679)	242,096	(21,811)	220,285			2
3	Housekeeping	164,930	34,896		199,826	1,041	200,867		200,867			3
4	Laundry	62,703	18,942		81,645	244	81,889		81,889			4
5	Heat and Other Utilities			169,122	169,122		169,122	(6,005)	163,117			5
6	Maintenance	45,149	2,442	128,234	175,825	150	175,975	5,229	181,204			6
7	Other (specify):* Related Party Salaries							31,121	31,121			7
8	TOTAL General Services	623,525	357,612	305,156	1,286,293	(25,923)	1,260,370	8,534	1,268,904			8
	B. Health Care and Programs											
9	Medical Director			39,000	39,000		39,000		39,000			9
10	Nursing and Medical Records	2,708,229	227,403	50,023	2,985,655	5,502	2,991,157	(179,028)	2,812,129			10
10a	Therapy	336			336		336		336			10a
11	Activities	102,158	781	4,065	107,004	127	107,131		107,131			11
12	Social Services	37,577			37,577		37,577		37,577			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):* Related Party Salaries							23,272	23,272			15
16	TOTAL Health Care and Programs	2,848,300	228,184	93,088	3,169,572	5,629	3,175,201	(155,756)	3,019,445			16
	C. General Administration											
17	Administrative	26,414			26,414		26,414		26,414			17
18	Directors Fees											18
19	Professional Services			681,063	681,063		681,063	(570,072)	110,991			19
20	Dues, Fees, Subscriptions & Promotions			56,113	56,113		56,113	(47,503)	8,610			20
21	Clerical & General Office Expenses	184,962	27,520	129,067	341,549	637	342,186	20,474	362,660			21
22	Employee Benefits & Payroll Taxes			584,563	584,563	19,657	604,220	(3,936)	600,284			22
23	Inservice Training & Education											23
24	Travel and Seminar			3,864	3,864		3,864	10,049	13,913			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			141,999	141,999		141,999	222	142,221			26
27	Other (specify):* Related Party Salaries			185,805	185,805		185,805	172,011	357,816			27
28	TOTAL General Administration	211,376	27,520	1,782,474	2,021,370	20,294	2,041,664	(418,755)	1,622,909			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,683,201	613,316	2,180,718	6,477,235		6,477,235	(565,977)	5,911,258			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.
NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON #0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			11,765	11,765		11,765	215,278	227,043			30
31	Amortization of Pre-Op. & Org.							13,536	13,536			31
32	Interest			488	488		488	828,753	829,241			32
33	Real Estate Taxes							384,612	384,612			33
34	Rent-Facility & Grounds			1,203,000	1,203,000		1,203,000	(1,203,000)				34
35	Rent-Equipment & Vehicles			9,395	9,395		9,395	16,868	26,263			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,224,648	1,224,648		1,224,648	256,047	1,480,695			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	301,385	1,036,944	1,625,489	2,963,818		2,963,818	(56,180)	2,907,638			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		37		37		37	(37)				41
42	Provider Participation Fee			82,350	82,350		82,350		82,350			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**	301,385	1,036,981	1,707,839	3,046,205		3,046,205	(56,217)	2,989,988			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,984,586	1,650,297	5,113,205	10,748,088		10,748,088	(366,147)	10,381,941			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(13,268)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(2,185)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(6,914)	2		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(62,268)	21		17
18	Fines and Penalties	(488)	32		18
19	Entertainment	(1,485)	20		19
20	Contributions	(720)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(874)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(185,805)	27		24
25	Fund Raising, Advertising and Promotional	(42,770)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(359)	20		28
29	Other-Attach Schedule				29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (317,136)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	54,597	Pg 6s	34
35	Other- Attach Schedule	(103,608)	Pg 5A	35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (49,011)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (366,147)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

STATE OF ILLINOIS
GOVERNOR'S PARK OF BARRINGTON

ID# 0046524
Report Period Beginning: 01/01/04
Ending: 12/31/04

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Late fees on utilities	$ (8,311)	5	1
2	Late fee on telephone	(1,689)	21	2
3	Gift shop expense	(37)	41	3
4	Other receipts g & a (gl 4977)	(1,697)	21	4
5	Marketing Manger	(26,830)	21	5
6	Employee Benefits for Marketing Mgr	(3,936)	22	6
7	Back out 31.78% of PAC portion of IHCA	(2,574)	20	7
8	YE Depreciation adjustment	1,767	30	8
9	bank charges on related party - Barrington Pg 6	(262)	21	9
10	Disallow non-care real estate tax	(12,989)	33	10
11	Non-allowable interest expense	(47,050)	32	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	**Total**	(103,608)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(20,182)	0	0	(1,629)	0	0	0	0	0	0	0	(21,811)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(8,311)	0	2,306	0	0	0	0	0	0	0	0	(6,005)	5
6	Maintenance	0	0	6,889	0	0	0	(26)	(1,634)	0	0	0	5,229	6
7	Other (specify):*	0	0	31,121	0	0	0	0	0	0	0	0	31,121	7
8	**TOTAL General Services**	(28,493)	0	40,316	(1,629)	0	0	(26)	(1,634)	0	0	0	8,534	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(169,922)	(9,106)	0	0	0	0	0	0	(179,028)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	23,272	0	0	0	0	0	0	0	0	23,272	15
16	**TOTAL Health Care and Programs**	0	0	23,272	(169,922)	(9,106)	0	0	0	0	0	0	(155,756)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(874)	3,750	(572,948)	0	0	0	0	0	0	0	0	(570,072)	19
20	Fees, Subscriptions & Promotions	(47,908)	0	405	0	0	0	0	0	0	0	0	(47,503)	20
21	Clerical & General Office Expenses	(92,746)	262	26,112	73,213	13,633	0	0	0	0	0	0	20,474	21
22	Employee Benefits & Payroll Taxes	(3,936)	0	0	0	0	0	0	0	0	0	0	(3,936)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	10,049	0	0	0	0	0	0	0	0	10,049	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	222	0	0	0	0	0	0	0	0	222	26
27	Other (specify):*	(185,805)	0	319,514	17,173	21,129	0	0	0	0	0	0	172,011	27
28	**TOTAL General Administration**	(331,269)	4,012	(216,646)	90,386	34,762	0	0	0	0	0	0	(418,755)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(359,762)	4,012	(153,058)	(81,165)	25,656	0	(26)	(1,634)	0	0	0	(565,977)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
30	Depreciation	1,767	202,969	9,144	0	1,398	0	0	0	0	0	0	215,278	30
31	Amortization of Pre-Op. & Org.	0	12,203	1,333	0	0	0	0	0	0	0	0	13,536	31
32	Interest	(49,723)	833,844	37,798	0	978	5,856	0	0	0	0	0	828,753	32
33	Real Estate Taxes	(12,989)	391,147	5,525	0	929	0	0	0	0	0	0	384,612	33
34	Rent-Facility & Grounds	0	(1,203,000)	0	0	0	0	0	0	0	0	0	(1,203,000)	34
35	Rent-Equipment & Vehicles	0	0	16,868	0	0	0	0	0	0	0	0	16,868	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(60,945)	237,163	70,668	0	3,305	5,856	0	0	0	0	0	256,047	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	(55,521)	(71,117)	70,458	0	0	0	0	0	(56,180)	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(37)	0	0	0	0	0	0	0	0	0	0	(37)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	(37)	0	0	(55,521)	(71,117)	70,458	0	0	0	0	0	(56,217)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(420,744)	241,175	(82,390)	(136,686)	(42,156)	76,314	(26)	(1,634)	0	0	0	(366,147)	45

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES

A. **Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.**

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
The Alden Group, Limited	100	See page 6K		See page 6K		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	34	Rental Income	$ 1,203,000	Barrington Building Partnership		$	$ (1,203,000)	1
2	V	19	Accounting fees		Barrington Building Partnership		3,500	3,500	2
3	V	19	Misc. Admin. Expenses		Barrington Building Partnership		250	250	3
4	V	21	Bank Charges		Barrington Building Partnership		262	262	4
5	V	33	Real estate Tax Expense		Barrington Building Partnership		391,147	391,147	5
6	V	32	Interest on mortgage note		Barrington Building Partnership		833,844	833,844	6
7	V	30	Depreciation expense		Barrington Building Partnership		202,969	202,969	7
8	V	31	Amortization expense		Barrington Building Partnership		12,203	12,203	8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$ 1,203,000			$ 1,444,175	$ * 241,175	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	19	Professional Fees	$ 581,110	Alden Management Services		$ 8,162	$ (572,948)	15
16	V	21	Gen'l & Admin		Alden Management Services		26,112	26,112	16
17	V	5	Utilities		Alden Management Services		2,306	2,306	17
18	V	6	Maintenance		Alden Management Services		6,889	6,889	18
19	V	24	Travel & Seminar		Alden Management Services		10,049	10,049	19
20	V	26	Insurance		Alden Management Services		222	222	20
21	V	20	Dues, fees, & subscriptions		Alden Management Services		405	405	21
22	V	30	Depreciation		Alden Management Services		9,144	9,144	22
23	V	31	Amortization		Alden Management Services		1,333	1,333	23
24	V	33	Real Estate Taxes		Alden Management Services		5,525	5,525	24
25	V	35	Rent-Vehicles, etc		Alden Management Services		16,868	16,868	25
26	V	32	Interest		Alden Management Services		37,798	37,798	26
27	V	7	General Services Salaries		Alden Management Services		31,121	31,121	27
28	V	15	Health Care Salaries		Alden Management Services		23,272	23,272	28
29	V	27	General Admin. Salaries		Alden Management Services		319,514	319,514	29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 581,110			$ 498,720	$ * (82,390)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	2	Tube Feeding	$ 31,796	Pyramid Health Care		$ 30,167	$ (1,629)	15
16	V	10	Nursing supplies	188,455	Pyramid Health Care		18,533	(169,922)	16
17	V	39	Per diems / other supplies	126,184	Pyramid Health Care		70,663	(55,521)	17
18	V	21	General & Admin.		Pyramid Health Care		73,213	73,213	18
19	V	27	General & Admin. Salaries		Pyramid Health Care		17,173	17,173	19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 346,435			$ 209,749	$ * (136,686)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Drugs	$ 298,256	Forum Extended Care II		$ 257,258	$ (40,998)	15
16	V	10	House Stock	3,207	Forum Extended Care II		2,766	(441)	16
17	V	39	I.V.	219,109	Forum Extended Care II		188,990	(30,119)	17
18	V	21	General & Admin.		Forum Extended Care II		13,633	13,633	18
19	V	32	Interest		Forum Extended Care II		978	978	19
20	V	33	Real estate tax		Forum Extended Care II		929	929	20
21	V	30	Depreciation		Forum Extended Care II		1,398	1,398	21
22	V	27	General & Admin. Salaries		Forum Extended Care II		21,129	21,129	22
23	V	10	Pharmacy Consulting	8,665	Forum Extended Care II			(8,665)	23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 529,237			$ 487,081	$ * (42,156)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	39	Therapy	$ 1,588,022	Community Physical Therapy	100.00%	$ 1,658,480	$ 70,458	15
16	V	32	Interest		Community Physical Therapy		5,856	5,856	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 1,588,022			$ 1,664,336	$ * 76,314	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Repairs & Maintennance	$ 17,823	Alden Bennett Construction		$ 17,797	$ (26)	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 17,823			$ 17,797	$ * (26)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Carpet Cleaning	$ 10,553	ALDEN REALTY - CARPET CARE		$ 9,444	$ (1,109)	15
16	V	6	Floor Cleaning	5,390	ALDEN REALTY - FLOOR CARE		4,865	(525)	16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 15,943			$ 14,309	$ * (1,634)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 003-3800 Report Period Beginning 01/01/04 Ending: 12/31/04

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Waterford	Aurora
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingdale
ANC Village for Children & Young Adults	Bloomingdale
ANC Orland Park	Orland Park
ANC Princeton	Chicago
Alden of Old Town East	Bloomingdale
Alden of Old Town West	Bloomingdale
Alden Trails	Bloomingdale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Town Manor	Cicero
ANC Gardens of Rockford	Rockford

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	CEO	100.00	219,362	1.476	3.69	salary	$ 8,402	27-7	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin	0.00	70,836	1.476	3.69	salary	2,713	15-7	2
3	Terry Magnusson c.	Maint. Supervisor	construct/maint	0.00	48,155	1.476	3.69	salary	1,845	7-7	3
4											4
5											5
6	a. Floyd Schlossberg is the President and sole stockholder of The Alden Group, Limited										6
7	b. Lauren is the daughter of Floyd Schlossberg										7
8	c. Terry is the son-in-law of Floyd Schlossberg										8
9											9
10											10
11											11
12											12
13								TOTAL	$ 12,960		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [x] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Alden Management Services
Street Address: 4200 W. Peterson
City / State / Zip Code: Chicago, IL 60646
Phone Number: (773-286-3883
Fax Number: (773-286-8038

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1		See Page 8A				$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related Long-Term											
1	HBCC		X	working capital		12/1/03	$ 6,000,000	$ 6,000,000	12/05/05	4.0000	$ 501,583	1
2	Omega		X	mortgage		12/1/03	3,000,000	3,000,000	11/20/08	10.5000	332,261	2
3												3
4												4
5												5
	Working Capital											
6	related party - AMS & other	X		working capital							37,798	6
7	related party - CPT	X		working capital							5,856	7
8	related party - FECII	X		working capital							978	8
9	TOTAL Facility Related						$ 9,000,000	$ 9,000,000			$ 878,476	9
	B. Non-Facility Related*											
10	Int income backed out pg.5										(2,185)	10
11	Non-care loan interest associated with Land										(47,050)	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (49,235)	14
15	TOTALS (line 9+line14)						$ 9,000,000	$ 9,000,000			$ 829,241	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ _____ Line # _____

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2003 report.	$	34,000	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	206,544	2
3. Under or (over) accrual (line 2 minus line 1).	$	172,544	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)	$	405,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.**	$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND** $** **For** **Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	(199,386)	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	378,158	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	1999	n/a	8
	2000	n/a	9
	2001	n/a	10
	2002	n/a	11
	2003	n/a	12

Line 5: we hired firm to appeal the tax assessment on the facility.
accrual based on 3% increase over prior yr bill.
****Line 6: Not our liability. We're backing out 11/12 of prior year's invoice, as that is the prior owners responsibility.**
This also includes a reduction in taxes due to a non-care portion of land.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2003	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME GOVERNOR'S PARK OF BARRINGTON COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0046524

CONTACT PERSON REGARDING THIS REPORT STEVEN M. KROLL

TELEPHONE (773) 286-3883 FAX #: (773) 286-2689

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	01-12-107-106-0000	Building	$ 193,934.91	$ 193,934.91
2.	01-12-107-107-0000	Parking Lot	$ 12,609.54	$ 12,609.54
3.		Related Party-Alden Management	$ 149,765.00	$ 5,525.00
4.		Related Party - Forum	$ 13,827.00	$ 929.00
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 370,136.45	$ 212,998.45

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES X NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 59,500 B. General Construction Type: Exterior brick Frame steel Number of Stories one

C. Does the Operating Entity? ☐ (a) Own the Facility ☐ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☐ (a) Own the Equipment ☐ (b) Rent equipment from a Related Organization. ☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO
If so, please complete the following:

1. Total Amount Incurred: 2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization: 4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	150 Bed Facility		2003	$ 6,943,811	1
2	Vacant Lot		2003	507,824	2
3	TOTALS			$ 7,451,635	3

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	related party-forum			1978	$ 16,213	$	22	$	$	$ 16,213	4
5											5
6	Building Acquisition			2003	6,943,811	178,069	39	178,069		192,884	6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	ABC-	2004	$ 14,644	$ 732	10	$ 732	$	$ 732	37
38	ABC-Water Heater	2004	17,865	1,042	10	1,042		1,042	38
39	Oak Fire and Security-Fire alarm control panel	2004	6,400	160	10	160		160	39
40	Oak Fire and Security-Air handler shutdown	2004	3,120	78	10	78		78	40
41	ABC-37 gallon water heater	2004	7,274	182	10	182		182	41
42	Top Notch Kitchen Repair	2004	1,606	13	10	13		13	42
43	Polina Landscape(sod, soil and clay)	2004	7,388	616	3	616		616	43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 7,018,321	$ 180,892		$ 180,893	$	$ 211,920	70

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 7,018,321	$ 180,892		$ 180,893	$ 0	$ 211,920	1
2	Related Party-Forum:								2
3	Leasehold Improvement-Remodeling	1980	12,303		15			12,303	3
4	Leasehold Improvement-Remodeling	1980	19,273		20			19,273	4
5	Leasehold Improvement-Tenant Improvement	1987	996		13			996	5
6	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	6
7	Leasehold Improvement-Roof	1994	3,572	223	16	223		2,234	7
8	Leasehold Improvement-Build.Improv.	1996	1,259	79	16	79		704	8
9	Leasehold Improvement-Asphalting	2000	98		3			98	9
10	Leasehold Improvement-DAI	2001	172	17	10	17		54	10
11	Leasehold Improvement-Bathrooms	2002	733	82	7	82		181	11
12	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		328	12
13	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,820	148	7	148		148	13
14	Leasehold Improvement-Add-on Improvement, fixture base	1980	79		23			79	14
15	Leasehold Improvement-Add-on Improvement, lighting base	2001	137	27	5	27		103	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	Related Party-AMS:								25
26	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	26
27	Leasehold Improvement-Remodeling	2002	4,861	608	7	608		1,215	27
28	Leasehold Improvement-Remodeling	2003	5,085	775	7	775		1,394	28
29									29
30									30
31									31
32	Forum Extended Care, LLC-building/building improv	1999	13,393	266	30	266		2,041	32
33									33
34	TOTAL (lines 1 thru 33)		$ 7,104,018	$ 183,281		$ 183,281	$ 0	$ 273,349	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 433,220	$ 33,457	$ 33,457	$		$ 43,878	71
72	Current Year Purchases	84,331	8,697	8,697			8,697	72
73	Fully Depreciated Assets	47,882	1,478	1,478			47,882	73
74								74
75	TOTALS	$ 565,433	$ 43,632	$ 43,632	$		$ 100,457	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	car engine/bus.van	various/dodge	98-04	$ 8,164	$ 130	$ 130	$	3	$ 7,981	76
77										77
78										78
79										79
80	TOTALS			$ 8,164	$ 130	$ 130	$		$ 7,981	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 15,129,250	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 227,043	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 227,043	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ 0	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 381,787	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Vacant Land	$ 1,666,800	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$ 1,666,800	$	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Related Party - Rent cost not allowed

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [X] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [X] NO Terms: *

10. Effective dates of current rental agreement:
Beginning 12/31/03
Ending 11/20/08

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	12/31/2005	$ 1,203,000
13.	12/31/2006	$ 1,203,000
14.	12/31/2007	$ 1,203,000

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? [ ] YES [X] NO

16. Rental Amount for movable equipment: $ 7,709 Description: copy machine lease
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	Transport		$ 562.00	$ 1,686	17
18					18
19	Related party-AMS		1405.67	16,868	19
20					20
21	TOTAL		$ 562.00	$ 18,554	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

   Skilled nurses on site

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39-3	hrs	$		$ 424,252	$		$ 424,252	1
2	Licensed Speech and Language Development Therapist	39-3	hrs			106,318			106,318	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39-3	hrs			497,664			497,664	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts				227,138		227,138	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program	39-1, 39-3		27,408		50,908	116,864		195,180	12
13	Other (specify):	See page 16A		273,977		579,340	603,769		1,457,086	13
14	TOTAL			$ 301,385		$ 1,658,482	$ 947,771		$ 2,907,638	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

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			Col 5: PT,OT, & ST Col 6: Other Amount
XIV. SPECIAL SERVICES (Direct Cost)			
Service			
1. OT	39-3		424,251.63
2. ST	39-3		106,317.54
4. PT	39-3		497,663.70
5.			
6.			
9. Phamacy	See pg 16A		298,256.14
Plus: Related Party- Forum Drugs			(40,999.00)
Plus: Related Party- Forum I.V.			(30,119.00)
Total to line 9 Pharmacy			227,138.14
12. Exceptional Care-Column 3	See pg 16A		27,408.00
12. Exceptional Care-Column 5	Respiratory Costs		50,908.00
12. Exceptional Care-Column 6	See pg 16A		116,864.48
13. Vent Salaries-Column 3			273,977.00
13. Other:Lab,x-ray therapy,mattress,Pyramid billings		See p	559,125.04
Related Party-	Pyramid		(55,521.00)
Related Party-	CPT		70,458.00
13. Respiratory Therapy -Vent Unit			508,882.00
13. Oxygen cost - IDPA			100,165.00
Total to line 13			1,457,086.04
14. Total			2,907,637.53

STATE OF ILLINOIS

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/04 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 155,000)	2,358,362	2,358,362	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,692	9,692	6
7	Other Prepaid Expenses	2,314	2,314	7
8	Accounts Receivable (owners or related parties)		114,004	8
9	Other(specify): Due from 3rd parties			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,370,368	$ 2,484,372	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,666,800	13
14	Buildings, at Historical Cost		6,943,811	14
15	Leasehold Improvements, at Historical Cost	58,297	58,297	15
16	Equipment, at Historical Cost	86,960	486,960	16
17	Accumulated Depreciation (book methods)	(11,847)	(233,620)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		60,000	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(13,220)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 133,410	$ 8,969,028	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,503,778	$ 11,453,400	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,981,059	$ 1,981,059	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	43,563	43,563	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	322,600	322,600	30
31	Accrued Taxes Payable (excluding real estate taxes)	18,554	18,554	31
32	Accrued Real Estate Taxes(Sch.IX-B)		405,000	32
33	Accrued Interest Payable		66,250	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	accr ins, exps, idpa, sales tax	54,677	54,677	36
37	due to affiliates / 3rd party	335,637	75,115	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 2,756,090	$ 2,966,818	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable		6,000,000	39
40	Mortgage Payable		3,000,000	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 9,000,000	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 2,756,090	$ 11,966,818	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (252,312)	$ (513,418)	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,503,778	$ 11,453,400	48

*(See instructions.)

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (128,131)	1
2	Restatements (describe):		2
3	external audit adjustments made after 2003 cost report was	1,000	3
4	submitted. These have no effect on prior years report:		4
5	set up liab due to IDPA for audit: 4101/2085		5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (127,131)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(125,181)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (125,181)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ (252,312)	24 *

*** This must agree with page 17, line 47.**

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 9,977,324	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,977,324	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	378,537	6
7	Oxygen	40,505	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 419,042	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals	13,268	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	26,073	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	(36,968)	19
20	Radiology and X-Ray		20
21	Other Medical Services	220,287	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 222,660	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	2,185	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 2,185	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Revenue	1,697	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,697	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 10,622,907	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,286,293	31
32	Health Care	3,169,572	32
33	General Administration	2,021,370	33
	B. Capital Expense		
34	Ownership	1,224,648	34
	C. Ancillary Expense		
35	Special Cost Centers	2,963,855	35
36	Provider Participation Fee	82,350	36
	D. Other Expenses (specify):		
37	Related Party Salary Allocations-Pyramid		37
38	Related Party Salary Allocations-Forum		38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 10,748,088	40
41	**Income before Income Taxes (line 30 minus line 40)****	(125,181)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (125,181)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

**** **Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

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Must be submitted if there is a balance on Line 28. You need only report the info that has a balance.		LN
Miscellaneous Income-Cash receipt related (GL 4977): is offset againts Schdl V.	1,696.75	21
Total of line 28	1,696.75	

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	888	888	$ 30,997	$ 34.91	1
2	Assistant Director of Nursing	3,242	3,488	105,027	30.11	2
3	Registered Nurses	34,659	36,842	1,124,983	30.54	3
4	Licensed Practical Nurses	15,334	16,245	412,744	25.41	4
5	Nurse Aides & Orderlies	77,005	80,333	1,130,291	14.07	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	14	14	336	24.00	8
9	Activity Director	1,952	2,080	45,162	21.71	9
10	Activity Assistants	10,289	10,823	149,878	13.85	10
11	Social Service Workers	1,945	2,025	37,577	18.56	11
12	Dietician					12
13	Food Service Supervisor	1,992	2,080	42,869	20.61	13
14	Head Cook					14
15	Cook Helpers/Assistants	23,901	25,495	307,874	12.08	15
16	Dishwashers					16
17	Maintenance Workers	2,371	2,379	45,149	18.98	17
18	Housekeepers	16,357	17,073	164,929	9.66	18
19	Laundry	5,559	6,003	62,703	10.45	19
20	Administrator	504	504	26,414	52.41	20
21	Assistant Administrator					21
22	Other Administrative	4,872	5,638	133,707	23.72	22
23	Office Manager					23
24	Clerical	4,308	4,559	51,255	11.24	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	4,378	4,579	112,691	24.61	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	209,570	221,048	$ 3,984,586 *	$ 18.03	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	800/month	$ 7,800	1-3	35
36	Medical Director	monthly	44,500	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	600/month	2,880	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	once	3	11-3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)		$ 55,183		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Seth Hicks	Administrator		$ 26,414
Note: Home office salary			
has been allocated to LN 27			
for an additional $52,726.			
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 26,414

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Alden Management	management fee	$ 581,110
BDO Seidman	accounting fees	15,199
Ken Fisch/Greenburg	legal fees	8,408
Medi-com	consultant-prof	226
Dart Chart	Medicare billing & computer services	76,120
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 681,063

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 90,911
Unemployment Compensation Insurance	45,996
FICA Taxes	284,630
Employee Health Insurance	148,814
Employee Meals	28,679
Illinois Municipal Retirement Fund (IMRF)*	92
Union,Health, Welfare	
Pension	
dental & life insur	(331)
miscell empl costs	2,972
vaccinations/drug tests	2,457
Marketing Employ.Benefit deduction	(3,936)
TOTAL (agree to Schedule V, line 22, col.8)	$ 600,284

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
n/a		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	1,071
Health Care Worker Background Check	268
(Indicate # of checks performed 38)	
Surety Bonds	200
Extended Care Network	251
Il Health Care Assoc (less Pac portion)	5,585
Healthcare Times	155
IHCA Dues	675
related party-ams	405
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 8,610

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
auto & travel	846
gasoline	2,558
related party-ams	10,049
Seminar Expense	
IHCA	460
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 13,913

**See instructions.

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	n/a		$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number GOVERNOR'S PARK OF BARRINGTON # 0046524 Report Period Beginning: 01/01/04 Ending: 12/31/04

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? yes

(2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. IHCA $2,574

(3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 7

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ 25,029 Line 10

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES X NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ 82,350
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ 28,679 Has any meal income been offset against related costs? no Indicate the amount. $ n/a

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm?
Firm Name: BDO Seidman The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? no If no, please explain. not yet completed

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? yes

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? yes
Attach invoices and a summary of services for all architect and appraisal fees.